



TOWN OF LOS GATOS
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
(408) 354 -6881 OR (408) 399-5711

REQUEST FOR NEW OR CHANGE OF STREET ADDRESS
\$200.00 FEE REQUIRED

Please TYPE or PRINT CLEARLY

APPLICATION DATE: _____ APPLICANT TELEPHONE: _____
NAME OF PROPERTY OWNER: _____
NAME OF APPLICANT: _____
APPLICANT STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
ASSESSORS PARCEL NUMBER (REQUIRED): _____

A MAP/VICINITY DRAWING IS REQUIRED FOR ALL APPLICATIONS. A FLOOR PLAN MAP IS REQUIRED FOR ALL SUITE NUMBER REQUESTS.

A. ADDRESS CHANGE

From: _____
Number Street Name (include Dr., St., Ct., etc.)

To: _____
Number Street Name (include Dr., St., Ct., etc.)

B. ADD SUITE NUMBER(S) TO EXISTING ADDRESS: _____

Requested Number(s): _____

C. ADD AN ADDRESS TO AN EXISTING STREET

Requested Number: _____ Street Name: _____

D. NEW STREET NAME - The Town Council list of APPROVED NEW STREET NAMES is available in the Community Development Department. Names are subject to Town and Agency confirmation.

NEW NAME REQUESTED: _____

NUMBERS REQUESTED (subject to availability and decision of the Town).

1. _____ 2. _____ 3. _____ 4. _____

Please state BRIEFLY your reason for this request:

Signature of Property Owner

PRINT Name of Property Owner

Date

OFFICE USE ONLY

Approved/Denied By: _____ Date: _____